## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10054617

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (			OTHER THAN	
TOTAL CLAIMS			15				1	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			15 minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			<b>3</b> minus 3 =		* 0			X42=		OR	X84=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	ess than zero, enter "0" i			olumn 2	ı	TOTAL	370	OR	TOTAL	
CLAIMS AS AMENDED - PART II									510	,	OTHER	THAN
		(Column 1)		(Colu	nn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* <i>1</i> 5	Minus	** 2	0	=		X\$ 9=		OR	X\$18=	
	Independent	· 4	Minus	***	<u>.5</u>	= /	lſ	X42=		OR	X84=	
	FIRST PHESE	NTATION OF M	JETIPLE DEF	PENDEN	CLAIM		<b>!</b>	+140=	-	OR	+280=	
								TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	,	NODIT. FEE			AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
E E	Independent	*	Minus	***		=	]	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							L	+140=		OR	+280=	
							A	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENOMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=				
* 1:	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT, FEE	
		ber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.	